

SUBJECT: State briefly the problem on which you desire assistance.

Unfortunately I am having trouble with Coffield unit failing to fully cooperate in a serious matter concerning grievance # 2022117609. Coffield grievance office failed to follow up on 40 day extension and I have yet to receive this response which is needed to continue pursuit with Due Process of Law. If you have response on record I need to purchase a copy I am indigent and charges must be attached to my account. This is a very important legal matter and I need this copy to attach to my 1983 civil suit packet. I haven't had much cooperation with Michael Unit where I feel they may be in cahoots with Coffield to hinder my pursuits.

Name: Donald Johnson No: 1594526 Unit: Michael
Living Quarters: 813-24B Work Assignment: 1st med sqd 05

DISPOSITION: (Inmate will not write in this space)

Copies of Grievances must go through law library.

m. Lak. UGI III
(ME)

Also, You must attach the original Step I to this
Step II for processing.

EXHIBIT D

TEXAS DEPARTMENT OF CRIMINAL JUSTICE — INSTITUTIONAL DIVISION

INMATE REQUEST TO OFFICIAL

REASON FOR REQUEST: (Please check one)

PLEASE ABIDE BY THE FOLLOWING CHANNELS OF COMMUNICATION. THIS WILL SAVE TIME, GET YOUR REQUEST TO THE PROPER PERSON, AND GET AN ANSWER TO YOU MORE QUICKLY.

1. ☐ Unit Assignment, Transfer (Chairman of Classification, Administration Building)
2. ☐ Restoration of Lost overtime (Unit Warden-if approved, it will be forwarded to the State Disciplinary Committee)
3. ☐ Request for Promotion in Class or to Trusty Class (Unit Warden- if approved, will be forwarded to the Director of Classification)
4. ☐ Clemency-Pardon, parole, early out-mandatory supervision (Board of Pardons and Paroles, 8610 Shoal Creek Blvd. Austin, Texas 78757)
5. ☐ Visiting List (Asst. Director of classification, Administration Building)
6. ☐ Parole requirements and related information (Unit Parole Counselor)
7. ☐ Inmate Prison Record (Request for copy of record, information on parole eligibility, discharge date, detainers-Unit Administration)
8. ☐ Personal Interview with a representative of an outside agency (Treatment Division, Administration Building)

TO: Grievance Officials DATE: 9.20.22

(Name and title of official)

ADDRESS: M. W. Michael Unit